Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN	
7.77.			(Column 1)		(Column 2)		Ţ	TYPE		OR	SMALL	SMALL ENTITY	
TOTAL CLAIMS					, o	dia di Po		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 4 minus 20=		* 14			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		*			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								ľ		2	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	**************************************	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	T CLAIM	=		X40=		or	X80=		
	7 1101 1 11202			LINDLIN	CLAIN			+135=		OR	+270=		
								TOTAL		OR	TOTAL ADDIT. FEE		
ADDIT. FEE (Column 1) (Column 2) (Column 3)											ADDI1.1 CE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**	7011	=		X\$ 9=		OR	X\$18=	ree.	
MEN	Independent	*	Minus	***		=	-		J = 250		X80=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
							, · [+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	TOLANI	=		X40=		OR	X80=		
<u> </u>	LLINO I LHESE	NTATION OF M	ULTIPLE DEF	ENUEN	CLAIM			+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OD.	TOTAL ADDIT. FEE		
		ber Previously Pa					r four	nd in the app	ropriate box	in col	lumn 1.		